DOCUMENT RESUME

ED 337 721 CG 023 716

TITLE Youth Suicide: A Prevention, Intervention, and Postvention Guide for Public Schools.
INSTITUTION Texas Education Agency, Austin.
REPORT NO AD1-315-07
PUB DATE Feb 91
NOTE 73p.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Elementary Secondary Education; *Intervention; *Prevention; Program Development; Program Implementation; *Public Schools; *School Policy; *Suicide
IDENTIFIERS *Adolescent Suicide; *Texas

ABSTRACT

Part of the purpose of public schooling is to help children develop into productive adults who responsibly participate in a democratic community. The prevention of suicide is critical to the accomplishment of this purpose. Suicide prevention includes the development of policies and procedures that address enhancing school climate, developing decision-making skills and coping strategies, and respecting the cultural diversity of students. A comprehensive suicide management program must include intervention strategies designed to prevent an actual attempt by young people who have threatened to commit suicide and to bring immediate and appropriate help to those who have made a suicide attempt. Intervention policies and procedures should include a coordinated effort among a school's crisis intervention team, community resource services, and the family. Even though schools may effectively reduce the likelihood of youth suicide through conscientious prevention and intervention efforts, it is always possible that a death by suicide will occur. To ensure appropriate responses, a comprehensive suicide management program must include postvention policies and procedures which guide the school's and community's response to a suicide. Postvention strategies are essential to help the school community grieve and recover from the trauma of a suicide, prevent subsequent suicide attempts, and maintain a healthy school climate. Appendices include information about legislation, suicide statistics, abbreviations and definitions, and reference materials. (LLL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED337721

CG023716

CG

Youth Suicide:

A Prevention, Intervention, and Postvention Guide for Public Schools

Texas Education Agency
February 1991

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

BEST COPY AVAILABLE

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Linda Kemp

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Youth Suicide:
A Prevention, Intervention and Postvention Guide for Public Schools

This Texas Education Agency publication is not copyrighted
and any or all sections may be duplicated.

Texas Education Agency
Division of Special Programs
Austin, Texas

STATE BOARD OF EDUCATION

(State Board for Vocational Education)

CAROLYN HONEA CRAWFORD, Beaumont
Chairman of the State Board of Education
District 7

BOB AIKIN, Commerce
Vice Chairman of the State Board of Education
District 9

MARY HELEN BERLANGA, Corpus Christi
Secretary of the State Board of Education
District 2

Board Members

RAYMOND A. ALEXANDER, Houston
District 4

JACK CHRISTIE, Houston
District 6

EMMETT J. CONRAD, Dallas
District 13

WILL D. DAVIS, Austin
District 10

MONTE HASIE, Lubbock
District 15

WILLIAM L. HUDSON, Wichita Falls
District 14

GERALDINE MILLER, Dallas
District 12

JANE NELSON, Double Oak
District 11

RENE NUÑEZ, El Paso
District 1

MARY KNOTTS PERKINS, Lufkin
District 8

JOHN H. SHIELDS, San Antonio
District 5

ESTEBAN SOSA, San Antonio
District 3

THOMAS E. ANDERSON, JR.
Interim Commissioner of Education
(Executive Officer of the State Board of Education)

Committees
of the
State Board of Education

PERSONNEL
RENE NUÑEZ, Chairman
JACK CHRISTIE
EMMETT J. CONRAD
CAROLYN HONEA CRAWFORD
JOHN H. SHIELDS

STUDENTS
GERALDINE MILLER, Chairman
RAYMOND A. ALEXANDER
MARY HELEN BERLANGA
MONTE HASIE
MARY KNOTTS PERKINS

SCHOOL FINANCE
WILL D. DAVIS, Chairman
BOB AIKIN
WILLIAM L. HUDSON
JANE NELSON
ESTEBAN SOSA

LONG-RANGE PLANNING
EMMETT J. CONRAD, Chairman
RAYMOND A. ALEXANDER
JACK CHRISTIE
CAROLYN HONEA CRAWFORD
WILL D. DAVIS
JANE NELSON
MARY KNOTTS PERKINS
JOHN H. SHIELDS

PERMANENT SCHOOL FUND
ESTEBAN SOSA, Chairman
BOB AIKIN
MARY HELEN BERLANGA
MONTE HASIE
WILLIAM L. HUDSON
GERALDINE MILLER
RENE NUÑEZ

AGENCY STAFF

Interim Commissioner of Education
THOMAS E. ANDERSON, JR.

Deputy Commissioner, Special Programs
J. R. CUMMINGS

Director, Division of Special Programs Planning and Implementation
JAMES A. JOHNSON, JR.

Division Director, Special Programs Implementation
FRANK CONTRERAS

Director of Programs, Special Projects
JOSEPH F. JOHNSON, JR.

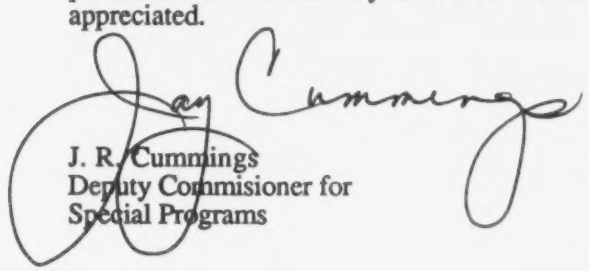
Education Specialist II, Youth Suicide Prevention
GLORIA H. BLACK

Foreword

The suicide of a young person is a great tragedy. Unfortunately, it is a tragedy that occurs far too often, both in Texas and across the nation. During the 1989-90 school year, 250 school-age Texans committed suicide. Some of those students attended urban districts, some attended suburban and rural school districts. The students were both boys and girls, representing several different ethnic groups. Some were high school students. One was as young as five years old.

Fortunately, schools can make a difference in reducing the number of students who commit suicide. Research has shown that the tragedy of youth suicide occurs much less often when schools, families, and communities join in conscientious and deliberate efforts to 1) prevent youth suicide, 2) effectively intervene in potential suicide situations, and 3) appropriately respond when a youth suicide occurs.

This guide represents an effort by the Texas Education Agency (with the assistance of many other public agencies, private agencies, and concerned citizens) to help schools develop policies and procedures that can literally save lives. Your involvement in this effort is both critical and appreciated.



J. R. Cummings
Deputy Commisioner for
Special Programs

Table of Contents

Acknowledgements ix

I. Background Information 1

A. Significance of the Problem 3

B. Recent History of the Suicide Prevention Effort 3

C. Rationale for School Involvement 4

D. Components of a School Suicide Management Program 5

E. Developing Local Policies and Procedures 6

II. Suicide Prevention 7

A. Goals of Prevention 9

B. School Board Suicide Prevention Policies 10

1. General Policies 10

2. Specific Suicide Prevention Policies 10

C. Suicide Prevention Procedures 11

1. Creating a Healthy School Climate 11

2. Recognizing and Appreciating Cultural Diversity 12

3. Developing Decision Making Skills and Coping Strategies . . . 14

4. Creating Awareness of the Suicide Problem 14

5. Identifying and Assessing High Risk Students 16

6. Working with the Media in Prevention 17

III. Suicide Intervention 19

A. Goals for Intervention 21

B. School Board Suicide Intervention Policies 22

C. Suicide Intervention Procedures 23

1. Establishing a Crisis Intervention Team 23

2. Responding to a Suicide Threat 24

3. Responding to a Suicide Attempt 25

IV. Suicide Postvention 27

A. Goals for Postvention 29

B. School Board Postvention Policies 30

C. Suicide Postvention Procedures 30

1. Postvention Role of the Crisis Intervention Team 30

2. Working with the Media in Postvention 32

V. Appendices

A. Legislation 35

1. Summary of Legislation 37

2. House Concurrent Resolution 29 39

3. House Concurrent Resolution 266 43

4. House Bill 2321 47

5. House Bill 2322 50

6. House Bill 2382 53

B. Abbreviations and Definitions 55

C. Reference Materials 59

D. Suicide Statistics in Texas by Counties, 1989 69

Acknowledgements

The project staff acknowledges the following individuals and agencies for their valuable contributions towards the development of this guide:

Youth Suicide Prevention Advisory Task Force

Karen Apperson, Texas PTA, Austin
Josie Gonzalez, Center for Health Care Services, San Antonio
Antonio Guajardo, Texas Department of Mental Health/Mental Retardation, Laredo
Tabita Gutierrez, McAllen Independent School District, McAllen
Derrell Heitt, Life Management Center, El Paso
John Hipple, University of North Texas, Denton
Bill George Jacobs, Police Juvenile Services, Henderson
David Jones, M.D., Faulkner Center, Austin
Charles Locklin, Waco Center for School Age Children, Waco
Sandra Lopez, American Association of Suicidology, Houston
Charles McDonald, Ph.D., Texas Psychological Association, Austin
Gerald McKimmey, Texas Department of Mental Health/Mental Retardation, Austin
Charles Meyer, D.D., St. David's Hospital, Austin
Betty Phillips, Ph.D., Austin Independent School District, Austin
Scott Poland, Ph.D., Cypress Fairbanks Independent School District, Houston
Esther Quine, Suicide and Crisis Center, Amarillo
Judie Smith, Dallas Independent School District, Dallas
Abbie Stallworth, Links Incorporated, Marshall
Lamont Veatch, Texas Association of Secondary School Principals, Austin
Jesus Ernesto Zamora, Ph.D., Region XVIII Education Service Center, Midland

Consultants

Daniel Arrigona, Texas Education Agency, Austin
Allen Berman, Ph.D., Washington, DC
Beverly Graf, M.S.W., A.S.C.W., R.N., Brackenridge Children's Hospital, Austin
Morag B. Colsin Harris, Ph.D., East Texas State University, Commerce
Kimberly Hoagwood, Ph.D., Texas Education Agency, Austin
Marvin G. Kimbrough, Ph.D., Huston-Tillotson College, Austin
Jack D. King, Ph.D., University of Texas at Austin, Austin
Marianne Kuenstler, Texas Education Agency, Austin
John Lucas, Texas Education Agency, Austin
Patrick Meehan, M.D., Center for Disease Control, Atlanta, GA
Myron G. Mohr, Ph.D., American Association of Suicidology, Baton Rouge, LA
Robert Stevens, M.F.A., Austin
B. L. Tanney, M.D., F.R.C.P (C), University of Calgary, Alberta, Canada
Patrick Whelan, Texas Education Agency, Austin
Daniel Zane, Texas Department of Health, Austin

PART I

Background Information

Significance of the Problem

Suicide is the second leading cause of death in school-age children. The Bureau of Vital Statistics in the Texas Department of Health reported that suicide among school-age children claims more lives than cancer, heart disease, or congenital anomalies. In 1970, suicide ranked fourth among the leading causes of death for adolescents. In 1987, suicide surpassed homicide and grew to be the second leading cause of death among teenagers. Texas Department of Health figures indicate that 250 Texas children between the ages of 10 and 19 killed themselves in 1989.

Recent History of the Suicide Prevention Effort

In 1983, reports from the Center for Disease Control added to the concern about the rising number of suicides among children and youth. This concern prompted an investigation by a federally appointed select committee. Hearings followed, during which Charlotte Ross, an expert in suicide prevention, testified that the United States can "turn back the tide of suicide among school-age children." One proposed solution was to increase awareness about ways to prevent youth suicide. The training of experts in the identification, assessment, and management of suicidal youth was also proposed.

In Texas, the dramatic experiences with cluster suicides in Clear Lake, Houston, and Plano produced state and national media attention. These experiences led to the September 1985 amendment to the Texas Family Code §35.03, ensuring that minors can receive help without the consent of their parents or guardians in situations of sexual abuse, physical abuse, or suicide.

In 1989, the State Board of Education submitted a report to the 71st Legislature revealing that only twenty of the 1,100 school districts in Texas had policies or procedures to address issues related to youth suicide. The Texas Legislature responded by passing House Concurrent Resolution (HCR) 29, calling for a study of suicide in school-age children (children who, in terms of age, are eligible for participation in public school programs) and HCR 266, affirming a commitment to the development of a statewide suicide prevention program.

The Legislature also passed House Bill 2322, directing the Commissioner of Education to appoint an advisory committee on suicide prevention for school-age children. Members of the committee included representatives of the Texas Department of Mental Health and Mental Retardation, the Texas Education Agency, the Parent Teacher Association, the Association of Secondary School Principals, and representatives of suicide and crisis centers accredited by the American Association of Suicidology, as well as school guidance counselors.

The committee provided advice and assistance to the Texas Education Agency toward the fulfillment of mandates by House Bill 2321 and Texas State Board of Education rule §11.152. These mandates required the development of guidelines that would direct schools in developing and implementing policies and procedures to 1) prevent youth suicide, 2) effectively intervene in potential suicide situations, and 3) appropriately respond when a youth suicide occurs. This guide was developed in partial fulfillment of those mandates.

Rationale for School Involvement

Inherently, part of the purpose of public schooling is to help children develop into productive adults who responsibly participate in a democratic community. The prevention of suicide is critical to the accomplishment of this purpose.

Youth suicide is a growing problem. Since 1957, the number of school-age children who commit suicide has increased by 247 percent. Substance abuse, teenage pregnancy, child abuse, economic instability, changing family structures, and many other factors may be contributing to the increasing prevalence of youth suicide.

Schools Can Make a Difference

Most suicides are preventable. If children acquire and maintain a positive self-concept, effective decision-making skills and coping strategies, and appreciation of their own cultural background as well as the cultural backgrounds of others, the likelihood of suicide is diminished. Thus, schools have a tremendous opportunity to work as a member of a community team to improve the mental health of students and to help prevent suicides. Additionally, school personnel can be trained to recognize the warning signs associated with youth suicide, identify high risk students, assess needs, and make appropriate referrals. Such actions can save young lives.

Even when students make suicide threats, schools can take decisive action that can prevent actual suicide attempts. Also, schools can play a major role in facilitating the successful re-integration of students into the school community after absences related to suicide threats or attempts. Furthermore, when suicides take place, schools can take action that can prevent subsequent suicide attempts.

Through cooperative efforts with families and community agencies, schools can take a leadership role in providing children with the attitudes, skills, and resources needed to survive emotionally in today's complicated world. These efforts can result in healthier school climates that lead to improved academic success. But, also, the efforts can result in healthier young people who will be better prepared to lead our nation into the 21st century.

Components of a School Suicide Management Program

This document includes guidelines to facilitate the development and implementation of a suicide management program within a school district. A successful program must include policies and procedures that address each of the following components:

Prevention

A comprehensive school suicide management program should include policies and procedures that foster the development of a school environment in which students develop attitudes and skills that would lead them not to choose to commit suicide. Suicide prevention includes the development of policies and procedures that address enhancing school climate, developing decision-making skills and coping strategies, and respecting the cultural diversity of students.

The entire school community (including students, school personnel, and families) needs to have an awareness of the extent to which it can assist in preventing suicides. Policies and procedures should address training that would facilitate the identification of high risk students, the assessment of risks, and the referral of high risk students to appropriate resources.

Intervention

A comprehensive suicide management program must include intervention strategies designed to prevent an actual attempt by young people who have threatened to commit suicide and to bring immediate and appropriate help to those who have made a suicide attempt. Intervention policies and procedures should include a coordinated effort among a school's crisis intervention team, community resource services, and the family.

Postvention

Even though schools may effectively reduce the likelihood of youth suicide through conscientious prevention and intervention efforts, it is always possible that a death by suicide will occur. To ensure appropriate responses, a comprehensive suicide management program must include postvention policies and procedures which guide the school's and community's response to a suicide. Postvention strategies are essential to help the school community grieve and recover from the trauma of a suicide, prevent subsequent suicide attempts, and maintain a healthy school climate.

Developing Local Policies and Procedures

The following sections of this guide describe the components of a comprehensive school suicide management program. School districts can use the information presented to develop or enhance local policies and procedures related to suicide management. Even though this guide provides a general outline of essential program components, the most effective local policies and procedures reflect local needs. Therefore, the following guidelines are recommended as school districts adapt the contents of this guide to local policies and procedures.

1. Involve parents. Parents are critical partners in the effective prevention of youth suicide. By involving parents in the development of suicide management policies and procedures, schools have the opportunity to learn about and respond to the concerns of parents, while simultaneously helping parents understand how they can help in a concerted effort to prevent youth suicide.

2. Involve community agencies, especially community mental health agencies, youth counseling services, suicide crisis centers, local religious organizations, public health agencies, and other professionals with expertise in the prevention of suicide. These agencies should be involved in helping define their role in prevention, intervention, and postvention activities. Furthermore, community agencies may provide additional insights into local needs, which may impact decisions about policies and procedures.

3. Involve school personnel, especially those personnel (i.e., counselors and nurses) who may have the greatest opportunity to facilitate the prevention of youth suicide.

4. Assess local needs. Gather both quantitative and qualitative data about occurrences of suicide threats, suicide attempts, and suicide completions involving both in-school and out-of-school children and youth. Gather data about the community's and the school district's current efforts related to suicide prevention, intervention, and postvention.

5. Based on the assessment of local needs, develop goals for comprehensive suicide management policies and procedures. Goals for prevention, intervention, and postvention are included in the following sections of this guide. These goals may serve as a starting point for the development of local goals.

6. Focus the development of policies and procedures on the goals for prevention, intervention, and postvention. Policies and procedures should define the roles of various district personnel (counselors, social workers, teachers, principals, psychologists, and others) in cooperation with personnel from community agencies.

7. Establish policies and procedures within the general context of approaches to crisis management. Like other crisis management plans, the suicide prevention policies and procedures should focus on preventing a crisis from occurring. However, should a crisis occur, the policies and procedures should facilitate effective responses that might save lives.

8. Establish procedures for the periodic review and evaluation of suicide management policies and procedures. The effectiveness of polices and procedures should be determined based upon the extent to which they lead to the accomplishment of the goals for prevention, intervention, and postvention.

PART II

Suicide Prevention

Goals of Prevention

The goals of prevention are as follows:

1. To empower students with the attitudes, skills, and resources necessary to confront stressful life situations successfully and to make decisions that enhance the quality of their lives.

2. To develop a sense of relationship and community within the school that enhances each student's sense of self-worth. This includes developing a school climate that respects the cultural diversity of all students.

3. To provide school personnel, parents, and students with the information and skills needed to identify high risk students, assess the immediate risk, be supportive in stressful situations, and make referrals to the appropriate resources.

School Board Suicide Prevention Policies

To accomplish suicide prevention goals, school board policy relating to several general areas should be reviewed and modified, if necessary. Additionally, policies concerning issues that specifically relate to suicide prevention activities should be either established or reviewed.

General Policies

1. Discipline policies should have a positive influence on student self-concept. Special provisions should be included to protect student mental health and ensure safety when disciplining suicidal students.

2. Library and textbook selection processes should ensure that curriculum materials are selected that acknowledge and appropriately communicate the cultural diversity of our society.

3. Grading and grade reporting policies should ensure that grades are presented in a way that communicates student progress, not student worth.

4. Curriculum policies should include problem-solving and decision-making skills in all areas of the curriculum at every grade level.

5. Policies should acknowledge the centrality of human relationships in the educational process by encouraging family involvement, encouraging staff development activities that enhance human relationship skills, and encouraging the development of strategies for nurturing positive self-concepts in students.

6. Policies should ensure that each school has effective and adequately staffed counseling and guidance, school health, psychological, and social services programs.

7. Policies should ensure that the district has adequate alternative programs, at-risk programs, student assistance programs, or other programs designed to meet the needs of special populations of students.

Specific Suicide Prevention Policies

1. Policies should require inservice training for school personnel on the identification of students who might be at risk of suicide, the assessment of risk factors, and procedures for referral to appropriate professionals. Policies should require training for teachers, counselors, social workers, campus administrators, and other support personnel. Policies should address the need for periodic training updates and re-trainings.

2. Policies should require the development, maintenance, dissemination, and use of a local resource directory. Policies should require that all school personnel have access to the resource directory.

3. Policies should require that information be provided to parents on the identification of students who might be at risk of suicide, the assessment of risk factors, procedures for referral to appropriate professionals, and school district policies and procedures related to suicide management.

Suicide Prevention Procedures

In addition to school board policies, school districts should have procedures that provide a clear course of action for school personnel that leads to the prevention of suicide. The following is a list of suggested suicide prevention procedures.

Creating a Healthy School Climate

Research on effective schools has shown that students are more likely to succeed in schools that establish a positive, healthy climate. School environments should be orderly without being rigid or oppressive. Students should feel both emotionally and physically safe. In a healthy school climate all students experience a sense of belonging as a valued member of the school community. Students learn that their ideas and feelings are important. In a healthy school climate, students come to recognize their unique potential to contribute to the quality of life.

Establishing a healthy school climate is an on-going process. The following list of procedures provides suggestions for improving school climate and developing an atmosphere of trust and mutual respect:

1. Provide training for school personnel on the development of student self-esteem. Utilize the expertise of local community agencies in developing inservice training programs.

2. Systematically review classroom and school procedures to identify ways that procedures can be modified to enhance the self-esteem of students.

3. Establish "buddy" programs, peer tutoring programs, peer counseling, and similar student interaction programs that promote positive peer relationsnips.

4. Identify opportunities throughout the general curriculum to teach the value of human relationship skills.

5. Develop procedures that provide students opportunities to talk with a counselor, teacher, or other professional about personal crises.

6. Monitor the activity of students as they come to school in the morning, during recesses or passing periods, and as they leave school in the afternoons to ensure that students are safe.

7. Encourage instruction that requires students to formulate and express opinions. Also, encourage interactions that demonstrate that student opinions are valued.

8. Develop discipline procedures that are fair, reflect disapproval of the behavior -- not the student, and are administered consistently.

9. Identify opportunities throughout the general curriculum to encourage students to identify and express their creative talents and feelings through speech, drama, essays, poetry, movement, music, and other artistic media.

10. Maintain class sizes in which students can be recognized and treated as individuals.

11. Involve parents and students in generating ideas for improving the school climate.

12. Provide multiple options for academic achievement and social acceptance which ensure each student opportunities for self-fulfillment and recognition as a unique individual within the social structure of his/her peer group.

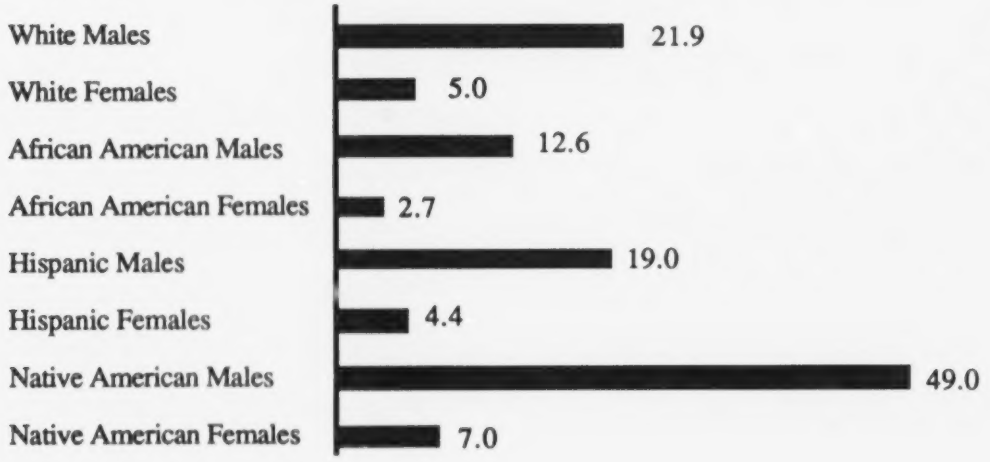
13. Develop a campus philosophy that failure is not an end, but rather, a step toward success.

14. Structure opportunities to recognize that students are important because of their unique identities, not only because of their accomplishments.

Recognizing and Appreciating Cultural Diversity

A part of establishing a healthy school climate involves recognizing and appreciating the cultural diversity of students. As the following chart illustrates, suicide occurs in all racial and ethnic groups.

Suicide Rate Per 100,000 Persons Age 15-24
By Ethnicity and Gender



Source: Group for the Advancement of Psychiatry, Committee on Cultural Psychiatry, Suicide and Ethnicity in the United States, 1989.

Even though suicide rates are lower for African Americans and Hispanics, they are rising dramatically. For African-Americans in the 15-24 age group, the suicide rate doubled between 1960 and 1983.

Acculturative stress is an important factor in suicide rates. This stress influences both new immigrants facing discrimination, poverty, and low education, and other minorities who must cope with the erosion of traditional values, upward mobility, cultural expectations, racism, poverty, crime, unemployment, and underemployment. All of these stresses may be prompting the growing number of suicides among African Americans, Hispanics, and Native Americans.

Schools can help reverse the trend and decrease the number of suicides among African Americans, Native Americans, and Hispanics by creating environments that recognize and appreciate cultural diversity. Schools can help all students learn that they have a cultural heritage about which they can be proud. Besides being a source of self-esteem for students, cultural understanding can generate mutual respect and appreciation for others.

The following list of procedures provides suggestions for recognizing and appreciating cultural diversity:

1. Review curriculum guides and materials in all subject areas to identify opportunities to include information about the contributions of all cultures and both genders.

2. Invite parents from all cultural backgrounds to actively participate in school activities. Particularly, encourage parental participation in activities that might provide opportunities to highlight cultural diversity.

3. Develop cooperative relationships with churches and other community organizations that may reflect the cultural diversity of the community.

4. Work to ensure that all school personnel reflect the cultural diversity of the community. Students should have both professional and paraprofessional role models of both genders with whom they can easily identify.

5. Review discipline records to ensure that all students are treated similarly in response to similar behavior incidents. If students from one ethnic group are disciplined more frequently than others, determine if cultural factors may be causing misunderstandings about expectations, motives, and roles. Provide staff development to correct misunderstandings, when necessary.

6. Provide training for school personnel that would facilitate their understanding and appreciation of cultural differences.

7. Provide training for school personnel that would facilitate their provision of equal learning opportunities to all students. Particularly, such training should emphasize the self-fulfilling nature of teacher expectations, the ways in which those expectations are communicated to children, and techniques for promoting positive change in teacher behavior.

8. Provide a wide variety of cultural experiences designed to prepare all children for participation in a culturally diverse society.

Developing Decision-Making Skills and Coping Strategies

Schools can assist in the prevention of suicide by helping students develop decision-making skills and coping strategies that will lead them to make life-enhancing decisions. Decision-making skills should be taught to help students define problems, identify alternatives, and select and evaluate courses of action. Coping strategies should be taught that enable students to acknowledge, appropriately express, and accept the validity of their feelings. At the same time, coping strategies should help students continue to meet their physical, social, intellectual, and spiritual needs. The following procedures are suggested for maximizing opportunities to teach decision-making skills and coping strategies:

1. Throughout the curriculum, employ the use of case studies, simulations, and similar strategies which involve students in active learning.

2. Throughout the curriculum, teach students strategies for defining problems, identifying alternatives, and selecting and evaluating courses of action.

3. Develop resource materials to enhance instruction in decision-making skills and coping strategies.

4. Provide training for teachers emphasizing opportunities to teach decision-making skills and coping strategies throughout the general curriculum. Utilize the expertise of local community agencies in developing inservice training programs.

5. Develop procedures that ensure that students know how to access assistance for various personal problems.

6. Provide parents with information about ways to reinforce decision-making skills and coping strategies at home.

Creating Awareness of the Suicide Problem

The school can help prevent youth suicide by creating awareness of the suicide problem and appropriate prevention, intervention, and postvention strategies. School personnel, families, community agencies, and (to an extent) students need to be made aware of how they can help prevent suicide.

Many myths abound related to youth suicide. These myths complicate the suicide problem, making prevention more difficult. Awareness activities can reduce the prevalence of many of these myths. Some of the more common myths are listed below:

1. **Myth:** Adolescence is a carefree time of life.

   Truth: This period of growth is characterized by rapid mental, physical, social, and emotional changes. Many children have a difficult time coping with the stress of these changes.

2. **Myth:** The person who talks about committing suicide does not actually do it.

   Truth: Most school-age children who kill themselves verbalize their intent in advance. A suicide threat is a cry for help. Most suicidal children are ambivalent about dying and want someone to help them before it is too late.

3. **Myth:** Only certain types of school-age children commit suicide.

   Truth: There is no typical suicidal child. Children end their lives regardless of age, sex, race, financial status, or physical or mental condition. One significant influence is the modeling behavior of a suicidal relative or friend.

School-age children also need to develop levels of awareness related to suicide. For young children, care should be taken to present information that is appropriate for their age and level of emotional maturity. However, it is important that young children understand the finality of death. Some authorities believe that young children who commit suicide are influenced by their lack of understanding of death. Television and movie stars are killed and come back the following week on a different channel. The graphic, violent imagery of today's television programs and films causes even greater confusion because individuals who die so convincingly return to life quite regularly.

Older children need to become aware that suicide is preventable. Students need to understand the role they can play in identifying high risk factors in themselves or in others. Also, students need to become aware of how they can access appropriate assistance. Most importantly, students should learn that it is acceptable (in fact, desirable) for them to express their feelings and concerns to adults.

The following procedures are suggested for helping dispel myths about youth suicide and creating awareness of the suicide problem:

1. Provide workshops for school personnel, parents, community groups, and other agencies that work with school-age children. These workshops should provide information about the suicide problem and the processes that can be employed to prevent youth suicide. Workshop activities should provide information about school policies and procedures related to suicide prevention, intervention, and postvention. For instance, workshops may include "plays for living" (psychodramas about processes used to prevent a suicide). Workshop participants should gain skill in identifying students at risk of committing suicide, assessing the extent of the risk, and making referrals to appropriate professionals. Emphasis should be placed upon cooperation among families, community groups, and schools in preventing youth suicide. Community agencies with expertise in suicide prevention should be involved in the development of the workshops.

   In prevention activities, make sure that students understand the serious nature of a suicide threat. Help students understand the danger of keeping secret another student's suicide threat. Encourage students to report all suicide threats to teachers, counselors, other school personnel, parents, or other adults. Make sure that students understand that, for the benefit of the student, school personnel cannot keep a suicide threat a secret from parents.

2. Develop and provide access to a library of resources on suicide prevention. The library should include pamphlets, books, and audio-visual materials that can be of use to parents, teachers, students, and community agencies.

3. For young children, provide activities that generate an understanding of the differences between life and death, reality and fantasy. Such activities should not diminish the importance of fantasy and make-believe, nor should such activities overdramatize the reality of death. Instead, these activities should lead students to an even greater appreciation of life and a healthy understanding of the finality of death.

4. For older children, provide materials and activities that generate an understanding of the preventable nature of suicide. Materials and activities should be designed to help students recognize suicide warning signs in themselves and in others. Also, materials and activities should make students aware of how they can get help for themselves or their friends, when necessary. Students should learn from these materials and activities that school personnel are concerned about their happiness and well-being. Also, students should learn that school personnel are available and interested in listening to their feelings and concerns.

Identifying and Assessing High Risk Students

Some students may be more likely than other students to be self-destructive. Schools can prevent suicides by identifying these high risk students and appropriately responding to their needs.

There is no simple cause and effect explanation for suicide. The same crisis may have minimal impact on one child while prompting another child to take his life. However, there are some factors that may be indicators of risk. Depending on the child's level of self-esteem, degree of social skills, ability to cope with loss and failure, and capacity for problem solving, the following conditions may cause some school-age children to be at increased risk for self-destruction:

1. Emotional, physical, or sexual child abuse
2. Homelessness, hunger, or other situations resulting from poverty
3. Alcohol or other substance abuse experienced by the student or a family member
4. Chronic illness
5. Family crises such as marital conflict
6. Family history of suicide or suicide attempts (If a parent has committed suicide, the children remain at risk for the rest of their lives.)
7. Depression (Between 50 and 76 percent of persons who attempt suicide evidence the characteristics associated with depression.)
8. Traumatic loss, particularly the loss of a relationship with a relative or close friend
9. Teenage pregnancy
10. Sexual identity crises
11. Involvement in criminal activity
12. Humiliation witnessed by persons who provided ego support

These situations may result in feelings of hopelessness, worthlessness, futility, despair, anger, frustration, abandonment, rejection, and depression. Signals that students are having difficulty coping with stresses may include excessive irritability, mood swings, aggressive outbursts, crying episodes, sleep disturbances, inability to concentrate, increase or decrease of appetite, discussions about death, lack of energy, withdrawal from friends and family, runaway episodes, or incidents in which students give away prized possessions. These signals may be suicide warning signs.

The warning signs can be used to help identify students who might need additional support or assistance. Early identification and assistance can be facilitated through the following procedures:

1. Provide training for school personnel, parents, community agencies, and students related to suicide risk factors (See Page 14).

2. Encourage teachers, counselors, nurses, campus administrators, and other school professionals to maintain frequent and regular contacts with families of high risk youth.

3. Develop an atmosphere in which students feel comfortable sharing their concerns with school personnel and other appropriate adults. Both formal and informal efforts should be made to make students aware of opportunities to discuss personal concerns with school personnel.

4. Develop a strategy for ensuring that students who exhibit high risk factors receive appropriate support and assistance. The strategy should ensure that each identified student has one professional or paraprofessional school staff person who assumes responsibility for maintaining regular contact with the student, the student's family, and other community agencies involved in providing services to the student.

5. Develop a variety of support groups for students and their families and promote the use of support groups available through other community agencies.

Working with the Media in Prevention

Suicide prevention activities can be enhanced by positive relationships with the news media. Media attention can focus the community on prevention issues and generate essential support from families and community agencies. Also, the involvement of the media in prevention efforts can educate media representatives about responsible ways to provide news coverage in the event of a suicide.

To successfully involve the media in prevention activities:

1. Select a spokesperson who is knowledgeable about the suicide prevention program and can present the program in a comprehensive, and accurate, and attractive manner.

2. Develop media packets that explain all components of the suicide prevention effort.

3. Explain to media administrators how they can participate in helping prevent youth suicides through media coverage of the suicide prevention program.

4. Involve parents, community agencies, school personnel, and students in media presentations.

PART III

Suicide Intervention

Goals for Intervention

Suicide intervention is the life saving process that occurs in response to a suicide threat or suicide attempt. Effective prevention strategies may decrease the need for suicide intervention. However, suicidal students often are responding to life stresses beyond the control of the school. As a result, the development of intervention policies and procedures is essential to a comprehensive suicide management program.

Intervention is essential to helping a student who has made a suicide threat or attempt and is also required by law. The Child Protective Services Unit of the Department of Human Services considers failure to act in response to a child's suicide threat a form of child neglect. Also, the results of the 1985, Kelson v. City of Springfield case suggest that school districts may be liable if school personnel are not appropriately trained to provide suicide intervention procedures.

Suicide intervention policies and procedures should be designed to accomplish the following goals:

1. To prevent the death of a child who has threatened or attempted to commit suicide.

2. To provide a child with resources and strategies to prevent subsequent suicide threats or attempts.

3. To provide a child with new resources and strategies to deal with the precipitating stressor which led to the suicidal behavior.

4. To ensure a response to crisis situations that minimizes panic and the creation of additional environmental stress.

5. To support and monitor students who are re-entering the school environment after absences related to a suicide threat or attempt.

School Board Suicide Intervention Policies

To accomplish suicide intervention goals, school board policy should specify action that must be taken in response to a suicide threat or a suicide attempt. Policies should address the following issues:

1. Policies should require the establishment of a crisis intervention team for each school campus. Policies should specify the membership of the team. Also, provisions should be made for the inclusion of community professionals with experience in crisis intervention and suicide prevention. (See page 19 for further details.)

2. Policies should require that crisis intervention team members receive special training in suicide management techniques.

3. Policies should specify that, in the event of a suicide threat, attempt, or completion, effective response to the crisis is the first priority of crisis intervention team members, taking precedence over all other duties.

4. Policies should require that the student's family be notified immediately when school personnel become aware of a student's suicide threat or attempt.

5. Policies should require that the crisis intervention team be notified immediately when school personnel become aware of a student's suicide threat or attempt.

6. Policies should require the documentation of referrals for professional assistance offered to parents related to their child's suicide threat or attempt.

7. Policies should require that follow-up calls or visits be made to determine if appropriate actions have been taken related to referrals for professional assistance.

8. In cases in which parents refuse or neglect to seek help for their child, policies should require that the Children's Protective Services Unit of the Department of Human Services be notified immediately.

9. In cases of a suicide attempt on a school campus or at a school sponsored function, policies should require that school personnel treat the situation as a medical emergency, contacting emergency medical personnel. Furthermore, policies should require that school personnel remain with the student until the student is under the care of emergency medical personnel or parents.

10. Policies should require that crisis intervention teams establish a re-entry plan for students returning to school after absences related to a suicide threat or suicide attempt.

Suicide Intervention Procedures

In addition to school board policies, school districts should have procedures that direct school personnel in responding to suicide threats or attempts. The following is a description of suggested suicide intervention procedures.

Establishing a Crisis Intervention Team

Each school should have a crisis intervention team. The team should be available to ensure an organized, sensitive, and effective response to suicide emergencies. The following procedures should be used in organizing and training crisis intervention teams.

1. The crisis intervention team should include representatives of various professions with skills that can be of value in a comprehensive suicide management program. Membership should include guidance counselors, nurses, social workers, administrators, suicide specialists, psychologists, and substance abuse counselors.

2. Professionals in the community with expertise in crisis intervention should be invited to participate on crisis intervention teams. These consultants should assume a support function (not a leadership function) on the crisis intervention team. Specific discussions about roles, expectations, and training processes should precede agreements about the participation of community professionals on crisis intervention teams.

3. Crisis intervention teams should be trained in the assessment of suicide risk factors, crisis management, grief counseling, and all school district policies and procedures related to suicide prevention, intervention, and postvention.

4. Procedures should ensure that crisis intervention teams can borrow team members from other schools in situations in which a team member is unable to serve or in situations in which a team member who is less emotionally involved with the student is needed.

5. Each crisis intervention team should have a team leader. The leader should have the responsibility of convening the team, acquiring additional team members as needed, and leading the development of a plan of action.

6. All other crisis intervention team members should have responsibilities related to their areas of expertise and the needs of the student. The plan of action for responding to a crisis should identify which team members will assume responsibility for which functions. Specifically, the plan of action should specify which team member will 1) contact parents, 2) assess medical needs and coordinate medical referrals, 3) assess counseling needs and coordinate counseling referrals, 4) coordinate interactions with school personnel and students, and 5) write summative reports.

Responding to a Suicide Threat

All suicide threats should be taken seriously. A suicide threat is generally a cry for help. Failure to provide such help may lead to a suicide attempt. Schools can prevent youth suicides by intervening in a deliberate and sensitive manner when a suicide threat occurs. Successful intervention requires identification of suicidal students, assessment of the severity of the suicide risk, referral to appropriate professionals, and on-going monitoring, support, treatment, and follow-up. The following procedures are suggested:

1. When school personnel learn about suicide threats, their response should be calm, deliberate, and sensitive. The suicide intervention plan should be followed and the crisis intervention team should be notified immediately.

2. The student making the threat should not be left alone. Care should be taken to remove the student from areas containing dangerous substances or implements. Any dangerous substances or implements in the student's possession should be removed.

3. Upon learning of a suicide threat, the crisis intervention team should immediately have a team member meet with the child and assess the extent of risk of suicide.

4. The crisis intervention team members should develop a plan that includes the involvement of designated team members in assessing the student's needs and planning for the coordination of action with parents and community agencies.

5. The crisis intervention team plan should address precipitating factors that may have led to the suicide threat. For instance, if drug abuse was a precipitating factor, the plan may include referral to a substance abuse counselor or drug treatment program.

6. The school district's directory of community services should be used to identify the most appropriate source of assistance for the student and the student's family. The student making the threat should be notified about community resources that may be able to provide assistance. Students should be provided with emergency hot-line numbers and similar resources. Students should be informed that, under Texas law, minors can give consent for treatment for suicide prevention if the treatment is provided by a licensed psychologist, counselor, or social worker.

7. The same day that the suicide threat is received, a crisis intervention team member should meet with the parents of the student. All relevant information should be shared. Parents should be provided with referrals and encouraged to seek immediate assistance for the student. The conference and referrals should be documented. Parents should be informed of the student's right to seek assistance.

8. A crisis team member should follow-up with calls or visits to parents and to referral sources to ensure that appropriate actions have been taken related to referrals for professional assistance. Also, follow-up can help determine appropriate courses of action for school personnel and the crisis intervention team.

9. In cases in which parents refuse or neglect to seek help for their child, a crisis management team member should immediately notify the Children's Protective Services Unit of the Department of Human Services.

10. The crisis intervention team should coordinate the flow of information among school personnel, parents, and outside professionals involved in providing service to the student.

11. The crisis intervention team should continue working with the student until a treatment and monitoring plan has been implemented. When a student returns to school after absences related to a suicide threat, the crisis intervention team should have a re-entry plan designed to support the student. The crisis intervention team should help the student's teachers and other staff be aware of ways they can be of assistance to the student on a daily basis. Regular follow-up should be provided to monitor and facilitate the student's re-integration into the school community.

12. If other students reported the threat or know of the threat, the crisis intervention team should work with those students to dispel rumors, manage fear, and identify students who may need counseling or other assistance. Students should be helped to feel positive about reporting the suicide threat.

13. If other students do not know about the suicide threat, efforts should be made to keep the matter confidential.

Responding to a Suicide Attempt

With good prevention efforts, the likelihood of youth suicide attempts is diminished. However, suicide attempts may occur, even with the best prevention efforts. Schools can save the lives of students who attempt suicide by responding in a prompt, conscientious, and sensitive manner. Also, appropriate responses to suicide attempts may prevent subsequent attempts or suicide completions. The following procedures should be used to save lives in the event of a suicide attempt.

1. The situation should be treated as a medical emergency. Emergency medical personnel should be notified immediately and first aid should be administered, as appropriate. Medical personnel should be provided with pertinent information about the suicide attempt. Suicide gestures (attempts not likely to result in death) should also be considered extremely serious and invoke the same responses as suicide threats. A suicide gesture may lead to more serious suicide attempts.

2. The crisis intervention team should be notified immediately. The school principal should be notified and the campus suicide intervention plan should be followed.

3. The crisis intervention members should develop a plan that includes the involvement of all team members in assessing the student's needs and planning for the coordination of action with parents and community agencies.

4. A crisis intervention team member should immediately notify the parents. Parents should be provided with all pertinent information about the suicide attempt. Parents should be provided with referrals and encouraged to seek immediate assistance for the student. Referrals should be documented. Parents should be informed about the student's right to seek counseling.

5. The crisis intervention team plan should address precipitating factors that may have led to the suicide attempt. For instance, if drug abuse was a precipitating factor, the plan may include referral to a substance abuse counselor or drug treatment program.

6. The school district's directory of community services should be used to identify potential sources of assistance for the student and family. The student who made the suicide attempt should be notified about community resources that may be able to provide assistance. Students should be provided with emergency hot-line numbers and similar resources. Students should be informed that, under Texas law, minors can give consent for treatment for suicide prevention if the treatment is provided by a licensed psychologist, counselor, or social worker.

7. The crisis intervention team should coordinate the flow of information among school personnel, parents, and outside professionals involved in providing service to the student.

8. A crisis team member should follow-up with calls or visits to parents and to referral sources to ensure that appropriate actions have been taken related to referrals for professional assistance. Also, follow-up can determine appropriate courses of action for school personnel and the crisis intervention team.

9. In cases where parents refuse or neglect to seek help for their child, a crisis management team member should immediately notify the Children's Protective Services Unit of the Department of Human Services.

10. If other students witnessed the attempt or know about the attempt, the crisis intervention team should work with those students to dispel rumors, manage fear, and identify students who may need counseling.

11. The parents of students who witnessed the attempt or know about the attempt should be notified so they can help their children deal with the crisis and monitor the need for support services. Crisis intervention team members may contact parents individually or may have meetings with small groups of parents.

12. School personnel should be informed about how they can identify students who are having difficulty with the crisis. Parents of these students should be notified. School personnel should also be given opportunity to access services if they are having difficulty with the crisis.

13. If students did not witness the attempt or do not know about the attempt, efforts should be made to maintain the confidentiality of the situation.

14. The crisis intervention team should continue working with the student until a treatment and monitoring plan has been implemented. When a student returns to school after absences related to a suicide attempt, the crisis intervention team should have a re-entry plan designed to support the student. The crisis intervention team should help the student's teachers and other staff be aware of ways they can be of assistance to the student on a daily basis. Regular follow-up should be provided to monitor and facilitate the student's re-integration into the school community.

15. The crisis intervention team should help the student's teachers and other staff be aware of ways they can be of assistance to the student on a daily basis.

PART IV

Suicide Postvention

Goals for Postvention

The tragedy of a youth's suicide cannot be reversed or corrected. However, several steps can be taken to help those involved deal with their feelings of confusion, shock, anger, guilt, and grief; restore healthy functioning in the school environment; and prevent cluster suicides (additional suicides, precipitated by the initial suicide). The activities that occur in response to a completed suicide are called postvention. The goals of postvention are as follows:

1. To provide support for survivors of a completed suicide through the grieving process. Survivors may include students, school personnel, and family members.

2. To prevent cluster suicides and provide effective support for those most at risk of self-harm as a result of the crisis.

3. To assist the school in re-establishing a healthy emotional climate.

4. To speed the process of recovery for the school and community.

School Board Postvention Policies

To accomplish the goals of postvention, school boards should develop and maintain policies addressing the following issues:

1. Policies should ensure that crisis intervention teams have adequate time and resources for responding to a suicide completion. Policies should provide for additional crisis intervention team members from the community or from other schools when the need arises.

2. Policies should require that the student's family be notified immediately when school personnel become aware of a student's suicide completion.

3. Policies should require that the crisis intervention team be notified immediately when school personnel become aware of a student's suicide completion.

4. Policies should indicate that all communication with the media should be directed through a designated spokesperson.

5. Policies should forbid activities or gestures designed to glorify or memorialize the suicide victim or the suicide act, such as dismissing school completely for the funeral or dedicating the yearbook to the victim.

6. Policies should facilitate the availability of counseling resources to students, school personnel, and crisis team members who might be affected by the suicide.

Suicide Postvention Procedures

In addition to the preceding policies, procedures should be developed that ensure that the goals of postvention are accomplished. Procedures should specify the role of the crisis intervention team in postvention activities. Also, procedures should specify actions to be taken involving the media related to a completed suicide.

Postvention Role of the Crisis Intervention Team

Immediately after a completed suicide, the crisis intervention team should be summoned and a postvention plan should be enacted. Postvention procedures should include the following:

1. The suicide should be treated as a medical emergency. Emergency medical personnel should be called immediately.

2. A member of the crisis intervention team should notify the parents immediately. The family will require special attention. Condolences should be offered in a personal, sensitive manner. As appropriate, the family should be informed about available resources for counseling and support, messages should be passed along, comfort provided, and information requested about funeral arrangements.

3. The crisis intervention team leader should notify the school district superintendent. The superintendent should notify administrators and counselors in neighboring schools.

4. The crisis intervention team should notify school personnel as soon as possible. Personal contacts should be used to make school personnel aware of the tragedy.

5. Crisis intervention team members should prepare a written statement for teachers to read in class. The statement should provide the basic facts without details about methods used in the suicide act. The statement should recognize the sorrow caused by the news and provide information about resources. Public address systems or group assemblies should not be used to notify students.

6. The crisis intervention team should also prepare information about the suicide for the parents of the victim's classmates. The information should offer basic facts about the incident and provide information about resources available for students who might need help dealing with the tragedy.

7. Crisis team members should develop a plan to identify students most at risk of self-harm as a result of the completed suicide. Specifically, students who had a close relationship with the victim (whether the relationship was real or imagined), students who might have seen the victim as a role model, and students who identify themselves as being at risk should all be considered as at risk, as well as any other student who would otherwise have been at risk because of other personal situations. Students at risk of self-harm should be afforded special screening and counseling sessions. As appropriate, students should be referred for supportive services. Parents should be informed about referrals that have been made.

8. A crisis team member should be assigned to follow the victim's class schedule. The team member would then assist the teacher in discussing the suicide and its futility with the students, clarifying misconceptions, but not lecturing. All students who want to discuss their reactions to the suicide should be seen by a member of the crisis intervention team. If any of these students are experiencing strong emotional reactions, their parents must be notified and the students should be referred for treatment.

9. Special counseling should be a top priority during the first few days after a suicide. Though the school should continue functioning in a calm and routine manner, time must be set aside for counseling opportunities. Quiet areas should be used for screening and counseling sessions. In counseling survivors (including students, school personnel, and members of the crisis intervention team), the crisis intervention should focus on the following guidelines:

   A. Survivors should be helped to understand that no one else can assume responsibility for the victim's suicide.

   B. Survivors should be helped to understand that their emotions are normal and acceptable. Students should be encouraged to express their feelings.

   C. Survivors should be given the opportunity to experience their pain and to progress through the grief they feel.

   D. Counseling efforts should "deglamorize" the suicide and highlight better ways to get attention and solve problems.

   E. Counseling should encourage the memory of the victim as if he or she was alive.

F. Survivors should be given the opportunity to discuss other recent losses or funerals.

G. Survivors should be helped to acknowledge that suicidal thoughts are common but need not be put into action.

H. Survivors should be given opportunities to practice condolence messages for family members and close friends of the victim.

I. Survivors should be encouraged to talk with family and friends about the suicide and any positive experiences or realizations that ensue.

J. Counseling should provide survivors with information about where to get help. Students should have access to hot-line numbers and other systems for accessing assistance.

K. Within reason, survivors should be given the opportunity to grieve as they see fit.

L. Survivors should be encouraged to seek help if, at a later date, they experience delayed grief.

10. The victim's friends in other schools should be identified and provided counseling.

11. Major tests should be rescheduled.

12. Commemorative activities should not go beyond what is customary in other situations. School activities should not be dedicated to the victim. Also, the establishment of any kind of a permanent memorial or any memorial assembly should be avoided. If money is donated, it should be given to the family or to a charity.

13. Students should be encouraged to go to the funeral if they wish and if they are accompanied by their parents. Discuss the funeral in advance to help students overcome fear.

14. The crisis intervention team should be prepared to reintroduce postvention measures if distress is reawakened. The grief process may be long and unpredictable.

Working with the Media in Postvention

In the postvention process, schools can prevent additional trauma by careful coordination with the media. Repeated news coverage of a suicide may enhance suicide risks. Studies show a significant increase in suicide after media coverage, especially when the story is very specific. Consequently, news coverage should be kept to a minimum.

Ideally, relationships with the media should be established before a crisis happens. Efforts should be made to meet with media management and reach understandings about the reporting of suicide stories. After a completed suicide, the following procedures should be used in working with the media:

1. A spokesperson should be appointed to coordinate all contacts with the media. The spokesperson (frequently the administrator on the crisis intervention team) should have the

responsibility of responding to inquiries from the media in a timely manner, explaining the positive aspects of the postvention plan that are helping students through the crisis, developing a fact sheet that can be made available to the media, and ensuring that all information presented to the media is accurate and appropriate.

2. The spokesperson should not provide the media with personal information about the student. Also, the spokesperson should not speculate about why the child committed suicide.

3. The media should be provided with as few details as possible about how the student committed suicide.

4. Reporters should not be given access to school grounds nor should they be allowed to interview school personnel or students on school grounds.

5. Repeatedly, the spokesperson should emphasize to the media that the suicide victim should not be glorified or memorialized. The victim should not be presented as a hero. Media personnel should be helped to understand that their appropriate coverage can help prevent subsequent suicide attempts.

APPENDIX A

Legislation

Summary of Legislation
71st Texas Legislature

Bill No.	Subject	SBOE Goal	Summary
HB 2321	Cooperation Among Schools and Local Agencies in Suicide Prevention	1	Directs the Texas Education Agency to furnish guidelines to each school district located in a municipality of 72,000 or more, and to appropriate local agencies (i.e., police, mental health centers) for establishing cooperative youth suicide intervention procedures. The guidelines must include the creation and training of crisis intervention teams and maintenance by the schools of current referral sources.
HB 2322	Youth Suicide Prevention Advisory Committee	1	Directs the Commissioner to appoint an advisory committee on youth suicide prevention. The committee members will represent other agencies and appropriate groups, and will serve a two-year term. The committee's purpose will be to provide advice and assistance to other state agencies and the schools to develop and implement policies, procedures, and programs to prevent youth suicide.
HB 2382	Youth Suicide Prevention Officer	1	Directs the Texas Department of Mental Health and Mental Retardation to designate a youth suicide prevention officer to serve as liaison to the Texas Education Agency.
HCR 266	Suicide Prevention Inservice and Training	3	Encourages the State Board of Education to include suicide prevention as part of inservice and to include prescribed content as presented in resolution.
HCR 29	Teacher Inservice Training on Youth Suicide	3	Urges the State Board of Education to include instruction on suicide prevention and intervention in teacher inservice training and preparation.

ENROLLED

H.C.R. No. 29

HOUSE CONCURRENT RESOLUTION

WHEREAS, Youth suicide in the United States is increasing at an alarming rate; the rate of suicides among 15- to 19-year-olds has risen by 178 percent from 1960 to 1985; and

WHEREAS, Some 5,000 teens commit suicide each year in the United States, and suicide is the second-leading cause of death among people 15 to 24 years of age; and

WHEREAS, Youth suicide rates in Texas are higher than the national average; and

WHEREAS, Research indicates that suicide, particularly among young people, is preventable; and

WHEREAS, Factors that place children and adolescents at risk for suicide have been identified, and young people at risk for suicide typically exhibit identifiable warning signs; and

WHEREAS, Early recognition of suicidal signs and appropriate intervention are effective means of preventing young people from taking their own lives; and

WHEREAS, School personnel have a critical role in preventing youth suicide by recognizing warning signs, notifying parents, referring the family to services in the community, and helping to monitor the student; and

WHEREAS, Section 11.207, Education Code, as added by Chapter 848, Acts of the 70th Legislature, Regular Session, 1987, authorizes the State Board of Education to determine by rule the subject areas that shall be included in required teacher inservice

training and preparation; now, therefore, be it

RESOLVED, That the 71st Legislature of the State of Texas hereby strongly urge the State Board of Education to include instruction in suicide prevention and intervention as part of the teacher inservice training and preparation required by Section 16.052, Education Code, and seek ways to provide such training for all appropriate school personnel, especially those who have direct contact with students; and, be it further

RESOLVED, That the 71st Legislature urge the Central Education Agency to coordinate and conduct a study relating to the number of students in Texas schools who are receiving stimulant therapy or other medication for the control of hyperactivity or other forms of behavior; the study shall at a minimum set forth the number of students per school district who are receiving stimulant therapy or other medication for the control of hyperactivity or other forms of behavior, and the number of students who are receiving the treatment per category of therapy or medication; the study may include other information that is relevant in the judgment of the agency; and, be it further

RESOLVED, That each school district be requested to cooperate with the agency and its agents in providing information requested by the agency, and that the Texas Department of Health provide assistance to the agency in conducting the study and make suggestions to the agency regarding the conduct of the study; and, be it further

RESOLVED, That information relevant to this study regarding a student be obtained only with the consent of a parent or guardian

of the student, and that the identity of each student from whom or regarding whom information is obtained in any way in relation to this study be held in confidence and not be subject to disclosure except at the express written request of the student or the student's parent or guardian; and, be it further

RESOLVED, That the agency adopt rules necessary to conduct and coordinate the study; and, be it further

RESOLVED, That a final report on this study be presented to the presiding officer of each house of the legislature not later than February 1, 1991, and that interim reports may be issued on the study at the request of those officers or if an interim report would be useful in the judgment of the agency.

Telford
Yost
Dutton
Hudson of Smith
Goolsby
Eckels
Ovard
Betts
Counts
Cuellar of Hidalgo
Granoff
Park
Patronella
Conley

President of the Senate

Speaker of the House

I certify that H.C.R. No. 29 was adopted by the House on February 21, 1989, by a non-record vote; and that the House concurred in Senate amendments to H.C.R. No. 29 on May 28, 1989, by the following vote: Yeas 143, Nays 0, 1 present, not voting.

Chief Clerk of the House

I certify that H.C.R. No. 29 was adopted by the Senate, as amended, on May 27, 1989.

Secretary of the Senate

APPROVED: _____

Date

_____

Governor

ENROLLED

H.C.R. No. 266

HOUSE CONCURRENT RESOLUTION

WHEREAS, The incidence of youth suicide in the United States continues to rise at an alarming rate; studies indicate that between 1960 and 1985, the number of suicides among 15- to 19-year-olds increased by 178 percent; and

WHEREAS, Some 5,000 teens commit suicide each year in the United States; suicide is the second-leading cause of death among people 15 to 24 years of age, with youth suicide rates in Texas exceeding the national average; and

WHEREAS, Research indicates that suicide, particularly among young people, is often preventable; factors that place children and adolescents at risk for suicide have been identified, and young people at risk for suicide typically exhibit recognizable warning signs; and

WHEREAS, Early identification of suicidal tendencies and appropriate intervention provide an effective means of preventing young people from taking their own lives; school personnel can play a critical role in preventing youth suicide by identifying warning signals, notifying parents, referring the family to services in the community, and helping to monitor the at-risk student; and

WHEREAS, The State Board of Education is authorized to determine by rule the subject areas that shall be included in required teacher inservice training and preparation, pursuant to Section 11.207, Education Code, as added by Chapter 848, Acts of the 70th Legislature, Regular Session, 1987; now, therefore, be it

RESOLVED, That the 71st Legislature of the State of Texas hereby strongly urge the State Board of Education to include instruction in suicide prevention and intervention as part of the teacher inservice training and preparation required by Section 16.052, Education Code; and, be it further

RESOLVED, That, at the direction of the State Board of Education, the Central Education Agency (CEA) shall develop, or contract with one or more other agencies for the development of, an inservice program to train teachers, counselors, school nurses, and administrators in the prevention of and response to suicide or attempted suicide by public school students; and, be it further

RESOLVED, That the CEA shall distribute a program outline and program materials to each school district for use in inservice training; and, be it further

RESOLVED, That the program must include:

(1) written policies and procedures for implementation at the district level that relate to the prevention of and response to youth suicide;

(2) a service directory for referrals;

(3) methods for identification of students at risk of attempting suicide;

(4) models for cooperation among public schools, law enforcement agencies, public and private community agencies, and state agencies;

(5) models for cooperative team procedures, with specific training in techniques of direct intervention;

(6) models for providing parent organizations with

workshops and presentations conducted by qualified trainers;

(7) processes, including small group sessions, by which teachers, counselors, school nurses, and administrators may assist students after a suicide or attempted suicide by a student;

(8) guidelines for communications with the news media by staff after a suicide or attempted suicide by a student; and

(9) guidelines for preventing the inappropriate memorializing of a suicide, such as dedicating a yearbook to the student; and, be it further

RESOLVED, That in any youth suicide inservice programs provided by a school district, instruction and training shall be conducted by a person who has relevant clinical experience with an agency accredited by the American Association of Suicidology; and, be it further

RESOLVED, That each school district shall conduct youth suicide inservice training each school year and shall evaluate the effectiveness of its suicide prevention and response procedures during that year; and, be it further

RESOLVED, That copies of this resolution be forwarded to the State Board of Education and the Central Education Agency as an expression of the will of the Texas House of Representatives and Senate.

Melton

President of the Senate

Speaker of the House

I certify that H.C.R. No. 266 was adopted by the House on May 22, 1989, by a non-record vote.

Chief Clerk of the House

I certify that H.C.R. No. 266 was adopted by the Senate on May 28, 1989.

Secretary of the Senate

APPROVED: _____

Date

Governor

ENROLLED
H.B. No. 2321

AN ACT

relating to the cooperation of public schools and local agencies in the prevention of youth suicide.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 11, Education Code, is amended by adding Section 11.153 to read as follows:

Sec. 11.153. COOPERATION AMONG SCHOOLS AND LOCAL AGENCIES IN SUICIDE PREVENTION. (a) The Central Education Agency shall furnish written guidelines for establishing cooperative youth suicide intervention procedures to each school district having territory within a municipality with a population of 72,000 or more and to appropriate local agencies and groups, including police and sheriff's departments, mental health centers, suicide and crisis centers, and private counseling and psychotherapy agencies and may furnish written guidelines to each school district having territory within a municipality with a population under 72,000 and to all appropriate local agencies and groups.

(b) The guidelines must include the creation and training of crisis intervention teams and the maintenance by public schools of current written referral sources for assistance in crisis intervention.

SECTION 2. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the

constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

President of the Senate

Speaker of the House

I certify that H.B. No. 2321 was passed by the House on May 16, 1989, by the following vote: Yeas 145, Nays 0.

Chief Clerk of the House

I certify that H.B. No. 2321 was passed by the Senate on May 27, 1989, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

_____

Governor

ENROLLED

H.B. No. 2322

AN ACT

relating to the creation of a state advisory committee on youth suicide prevention.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter A, Chapter 11, Education Code, is amended by adding Section 11.152 to read as follows:

Sec. 11.152. YOUTH SUICIDE PREVENTION ADVISORY COMMITTEE. (a) The commissioner of education shall appoint an advisory committee on youth suicide prevention consisting of an appropriate number of representatives of suicide and crisis centers accredited by the American Association of Suicidology, representatives from the Texas Department of Mental Health and Mental Retardation, the Central Education Agency, the PTA, School Guidance Counselors, and the Association of Secondary School Principals, and school personnel trained in school suicide prevention. The members of the committee serve two-year terms.

(b) The committee shall provide advice and assistance to the Central Education Agency, other state agencies, and public schools in developing and implementing policies, procedures, and programs relating to the prevention of and response to suicide or attempted suicide by public school students.

SECTION 2. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the

constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this Act take effect and be in force from and after its passage, and it is so enacted.

President of the Senate

Speaker of the House

I certify that H.B. No. 2322 was passed by the House on May 16, 1989, by the following vote: Yeas 145, Nays 0.

Chief Clerk of the House

I certify that H.B. No. 2322 was passed by the Senate on May 27, 1989, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

_____

Governor

ENROLLED

H.B. No. 2382

AN ACT

relating to the designation of a Texas Department of Mental Health and Mental Retardation employee as a youth suicide prevention officer.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1, Texas Mental Health Code (Article 5547-1 et seq., Vernon's Texas Civil Statutes), is amended by adding Section 9A to read as follows:

Sec. 9A. YOUTH SUICIDE PREVENTION OFFICER. The department shall designate one of its employees as a youth suicide prevention officer to serve as a liaison to the Central Education Agency and public schools on matters relating to the prevention of and response to suicide or attempted suicide by public school students.

SECTION 2. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended, and that this act take effect and be in force from and after its passage, and it is so enacted.

President of the Senate

Speaker of the House

I certify that H.B. No. 2382 was passed by the House on May 12, 1989, by the following vote: Yeas 137, Nays 0.

Chief Clerk of the House

I certify that H.B. No. 2382 was passed by the Senate on May 27, 1989, by the following vote: Yeas 31, Nays 0.

Secretary of the Senate

APPROVED: _____

Date

_____

Governor

APPENDIX B

Abbreviations and Definitions

Abbreviations and Definitions

The following abbreviations are used by various agencies involved in the prevention of youth suicide.

AASA: American Association of Suicidology

CDC: Center for Disease Control

CMHC: Community Mental Health Centers

CPS: Child Protective Service

DPS: Department of Public Safety

EMS: Emergency Medical Services

ESC: Education Service Center

PTA: Parent Teacher Association

SAP: Student Assistance Program

TASB: Texas Association of School Boards

TDH: Texas Department of Health

TDHS: Texas Department of Human Services

TDMH-MR: Texas Department of Mental Health and Mental Retardation

TEA: Texas Education Agency

TYC: Texas Youth Commission

The following definitions cover terms used by suicidologists. Many are contained in this document.

Completed Suicide: The act of having taken one's life.

Crisis: An unstable or crucial time or situation in which a decisive change is coming.

Crisis Management: The use of various means to end a crisis.

Crisis Rooms: Spaces designated for use by crisis teams to work either one-on-one or as a group to intervene and stabilize a crisis.

Crisis Team: Two or more people who intervene to stabilize a crisis.

Follow-Up: Action taken to ensure treatment or care has been given and that re-entry occurs in a timely manner.

Intervention: Action taken once a problem is identified.

Involuntary Commitment: An order issued by a court forcing one to enter treatment when one becomes a danger to self or others.

Loss: A major disappointment or humiliation or the act of losing a possession or kinship.

Stay Alive Contract: Written or verbal understanding with a person making suicidal gestures stating that person will commit no act of suicide. Useful to postpone suicide for a day or two until help can be found.

Postvention: Activities performed to prevent cluster suicides and to help survivors with the shock and grief in the aftermath of a completed suicide.

Precipitating Event: An event or change of situation that causes or influences an unexpected act.

Prevention: Activities performed to help people develop positive self-image and good coping skills. Clear reasoning and constructive ways to deal with life are encouraged.

Re-entry: Activities designed to prepare for one's return to the community after a suicide attempt.

School-Age Child: A person between the ages of 3 and 20, eligible for participation in a school program, who has not yet graduated from high school or earned a G.E.D.

Student Assistance Program: Peer support group consisting of students trained to help other students gain insight into their situations.

Suicidal: Having an impulse to commit suicide.

Suicidal Ideation: Ideas or thoughts of taking one's own life.

Suicide: The act or instance of taking one's own life voluntarily and intentionally.

Suicide Assessment: A process of questioning and observing behavior in order to estimate the degree of suicide risk.

Suicide Attempt: An unsuccessful effort to take one's life; a serious try that failed.

Suicide Cluster: Two or more consecutive acts of suicide.

Suicide Contagion: The rapidly spreading influence of an act of suicide.

Suicide Gesture: A motion, expression, or emphasized idea of taking one's own life (a weak attempt, attention getting).

Suicide Lethality: An estimated degree of suicide risk.

Suicide Plans: Statements made of how, when, and where one will take one's life.

Suicidology: The study of suicide.

Survivor: One who is affected by the act of suicide and lives through the aftermath.

Unresolved Grief: Prolonged feeling of suffering due to a loss that a person was not able to resolve or let go of.

Voluntary Commitment: Signing one's own entry forms and volunteering for treatment when one becomes a danger to self or others.

APPENDIX C

Reference Materials

BIBLIOGRAPHY

1. Alvarez, A. (1973). *The savage god: A study of suicide.* New York: Banton Books.

2. Barrett, T. (1985). *Youth in crisis.* Longmon, CO: Sopris West.

3. Bolton, I. (1983). *My son, my son.* Atlanta: Bolton.

4. Cain, A.C. (Ed). (1972). *Survivors of suicide.* Springfield, IL: Charles C. Thomas.

5. Capuzzi, D. & Golden, L. (1988). *Preventing adolescent suicide.* Muncie, IN: Accelerated Development.

6. Coleman, L. (1987). *Suicide clusters.* Faber & Faber.

7. Coleman, W. L. (1979). *Understanding suicide.* Elgin, IL: David C. Cook. A book written to and for survivors which includes discussions on how to face and deal with the situation.

8. Crow, G. & Crow, L. (1987). *Crisis intervention and suicide prevention.* Charles C. Thomas.

9. Dunne, E., McIntosh, J., & Dunne-Maxim, K. (1986). *Suicide at its aftermath.* New York: W. W. Norton.

10. Elking, D. (1984). *All grown up & no place to go: Teenagers in crisis.* Reading, MA: Addison-Wesley.

11. Finch, J.M. & Pozananski, E.D. (1971). *Adolescent suicide.* Springfield: Charles C. Thomas.

12. Giovacchine, P. (1981). *The urge to die: Why young people kill themselves.* New York: Macmillan.

13. Gordon, S. (1985). *Why living hurts.* New York: Yad Tikvah.

14. Griffin, M. & Felsenthal, C. (1983). *A cry for help.* New York: Doubleday.

15. Grollman, E. (1971). *Suicide: Prevention, intervention, postvention.* Boston: Beacon.

16. Guetzloe, E. (1989). *Youth suicide: What the educator should know.* Eric Clearing House.

17. Haim, A. (1974). *Adolescent suicide.* New York: International University.

18. Hendin, H. (1982). *Suicide in America.* New York: W. W. Norton.

19. Hewett, J. (1980). *After suicide.* Philadelphis: Westminster.

20. Hipple, J. & Cimbolic, P. (1979). *The counselor and suicidal crisis. Charles C. Thomas.*

21. Hipple, J. & Hipple, L. (1983). *Diagnosis and management of psychological emergencies.* Charles C. Thomas.

22. Hoff, L. (1989). *People in crisis (93rd ED).* Addison Wesley.

23. Hollister, L. (1973). *Clinical use of psychotherapeutic drugs.* Charles C. Thomas.

24. Husian, S. & Vandiver, T. (1984). *Suicide in children and adolescents.* New York: Human Sciences.

25. Jacobs, J. (1974). *Adolescent suicide.* New York: Wiley-Interscience.

26. Janosik, E. (1984). *Crisis counseling.* Wadsworth.

27. Joan, P. (1986). *Preventing teen age suicide.* New York: Human Sciences.

28. Klagsbrun, F. (1981). *Too young to die.* Boton: Houghton Mifflin.

29. Leder, J. (1987). *Dead serious: A book for teenagers about teenage suicide.* Atheneum.

30. Lesse, S. (1988). *What we know about suicidal behavior and how to treat it.* Jason Aronson.

31. Lord, J. (1988) *No time for goodbyes: Coping with sorrow, anger and injustice after a tragic death.* Pathfinder.

32. Mack, J.E. & Hickler, H. (1981): *Vivienne: The life and suicide of a young girl.* Boston: Little & Brown.

33. Madison, A. (1978). *Suicide and young people.* New York: Houghton Mifflin.

34. McIntire, M. & Angle, C. (1980). *Suicide attempts in children and youth.* Cambridge: Harper & Row.

35. McIntosh, J. (1985). *Research on suicide: A bibliography.* Westport, CT: Greenwood.

36. O'Connor, N. (1984). *Letting go with love: The grieving process.* Apache Junction, AZ: La Mariposa Press.

37. Orbach, I. (1988). *Children who don't want to live.* Jossey Bass.

38. Osgood, N. (1985). *Suicide in the elderly.* Aspen.

39. Patros, P. & Shamoo, T. (1989). *Depression and suicide in children and adolescents*. Boston: Allyn & Bacon.

40. Peck, M., Farberow, N., & Litman, R. (1985). *Youth suicide*. New York: Springer.

41. Pfeffer, C. (1986). *The suicidal child*. New York: Guilford.

42. Pincus, L. (1976). *Death and the family: The importance of mourning*. New York: Vintage Books.

43. Poland, S. (1989). *Suicide intervention in the schools*. New York: Guilford.

44. Rabkin, B. (1983). *Growing up dead: A hard look at why adolescents commit suicide*. Nashville: Abingdon.

45. Richman, J. (1986). *Family therapy for suicidal people*. Springer.

46. Rosenfeld, L., & Prupas, M. (1984). *Left alive: After a suicide in the family*. Springfield, IL: Charles C. Thomas. (2600 S. First Street, Springfield, IL 62717). A book for family members and friends, and for the helping professionals who work with them following a suicide.

47. Schiff, H. S. (1978). *The bereaved parent*. New York: Penguin Books.

48. Shneidman, E. (1985). *Definition of suicide*. New York: Wiley-Interscience.

49. Shneidman, E. (1973). *On the nature of suicide*. San Francisco: Jossey-Bass.

50. Smith, J. (1986). *Coping with suicide: A resource for teenagers and young adults*. New York: Rosen.

51. Smith. (1989). *Suicide prevention: A crisis intervention curriculum for teenagers and young adults*. Holmes Beach, FL: Learning Publications.

52. Stillion, J., McDowell, E., & May, J. (1989). *Suicide across the life span -- premature exits*. Hemisphere.

53. Sudak, H., Ford, A., & Rushforth, N. (1984). *Suicide in the young*. Boston: John Wright.

54. Tatelbaum, J. (1980). *The courage to grieve*. New York: Harper & Row. This book presents various aspects of grief and grief resolution, including important ideas about self-help, avenues to finish unfinished business, and how to let go.

55. Veninga, R. (1985). *The gift of hope: How we survive our tragedies*. Boston: Little, Borwn. This book guides readers through grief and goes to the spiritual and emotional core of heartbreak. Its last sections deal specifically with suicide.

56. Wells, C.F., & Stuart, I.R. (1981). *Self-destructive behavior in children and adolescents*. New York: Van Nostrand Reinhold.

VIDEO

A list of Audio Visual Resources (1965-1987) recommended for Youth Suicide Prevention.

Recommended audience: School-age children

Documentary

ABC Notebook: Teen Suicide

Checking it out: #109-Teen Suicide

Fragile Time

Straight Talk about Teenage Suicide

Suicide at Seventeen

Childhood's End

Dead Serious

Suicide: Call for Help

Suicide: It Doesn't Have to Happen

"I Don't Want You To Die"

Everything to Live For

Depression; Blahs, Blues, and Better Days

S.O.S. - Runaways and Teen Suicide: Code Messages for Help

Sometimes I Wonder if it's Worth it

Suicide: Teenage Crisis

Short Feature

Urgent Messages

But Jack Was a Good Driver

On the Edge

Before It's Too Late

Family of Winners, A

Ronnie's Tune

Portrait, The

Feature

Cold Journey

Permanent Record

Desperate Exit, A

Recommended audience: School-age children at risk

Documentary

Checking It Out: #109-Teen Suicide

Straight Talk about Teenage Suicide

Richard Cardinal: Cry from the Diary of a Metis Child

Dead Serious

"I don't want you to die"

Sometimes I wonder if it's worth it

Short Feature

On the Edge

Before It's Too Late

Family of Winners, A

Ronnie's Tune

Feature

Cold Journey

Dreamspeaker

Desperate Exit, A

Recommended audience: Native Americans

Documentary

Richard Cardinal: Cry from the Diary of a Metis Child

When Home Becomes Despair

Feature

Cold Journey

Dreamspeaker

Recommended audience: Bereaved survivors

Short Feature

Ronnie's Tune

Feature

Permanent Record

Surviving: Family in Crisis

Recommended audience: Health care professionals

Documentary

Teen Suicide: An Approach to Prevention

Richard Cardinal: Cry from the Diary of a Metis Child

Do I really want to die?

Short Feature

On the Edge

Training Materials

Programmed Instruction in Suicide Intervention: It begins with You

Suicide Intervention: Assessing Teenagers at risk

Recommended audience: Parents and School Personnel

Documentary

Teen Suicide: An Approach to Prevention

Fragile Time

Richard Cardinal: Cry from the Diary of Metis Child

Young People in Crisis

S.O.S. - Runaways and Teen Suicide: Code Messages for Help

When Hope Becomes Despair

Training Materials

Programmed Instruction in Suicide Intervention: It Begins with You

Suicide Intervention: Assessing Teenagers at risk

Features

Cold Journey

Dreamspeaker

APPENDIX D

Texas Statistics

School Age Suicides by Texas Counties for 1989
Grades K-12

County	Suicides	County	Suicides	Suicides	Suicides	County	Suicides
Austin	1	Foard	1	Karnes	1	San Jacinto	1
Bandera	1	Fort Bend	2	Kaugman	1	Smith	2
Bastrop	2	Franklin	2	Kleberg	2	Tarrant	9
Bell	6	Freestone	1	Lamar	2	Taylor	1
Bexar	25	Gaines	1	Lampas	2	Terry	1
Bowie	1	Galveston	4	Lee	1	Throckmorton	1
Brazoria	3	Gillespie	1	Liberty	1	Titus	1
Brazos	2	Grayson	1	Lipscomb	2	Tom Green	4
Brewster	1	Gregg	2	Lubbock	1	Travis	8
Burleson	1	Guadalupe	2	Lynn	1	Trinity	1
Cameron	2	Hale	1	Maverick	1	Tyler	1
Castro	1	Hall	2	McLennan	5	Uvalde	1
Chambers	1	Harris	30	Midland	1	Van Zandt	1
Childress	1	Harrison	1	Milam	6	Victoria	1
Clay	1	Hays	1	Montgomery	1	Walker	1
Collier	3	Henderson	1	Moore	1	Webb	2
Collin	7	Hidalgo	6	Navarro	1	Wharton	1
Commanche	1	Hood	1	Nolan	3	Wichita Falls	1
Coryell	1	Hopkins	1	Nueces	2	Wilbarger	1
Dallas	18	Howard	1	Orange	3	Williamson	2
Denton	3	Hutchinson	1	Parker	3	Winkler	1
Ector	1	Jack	1	Potter	2	Wise	1
Ellis	2	Jasper	2	Randall	1	Young	1
El Paso	2	Jefferson	2	Red River	1		
Erath	1	Johnson	1	Rockwell	1		
Fannin	1	Jones	1	Rusk	1		
Subtotals	89		70		47		44

Rev. 1/91

Total for ALL Counties 250

COMPLIANCE STATEMENT

TITLE VI, CIVIL RIGHTS ACT OF 1964; THE MODIFIED COURT ORDER, CIVIL ACTION 5281, FEDERAL DISTRICT COURT, EASTERN DISTRICT OF TEXAS, TYLER DIVISION

Reviews of local education agencies pertaining to compliance with Title VI Civil Rights Act of 1964 and with specific requirements of the Modified Court Order, Civil Action No. 5281, Federal District Court, Eastern District of Texas, Tyler Division are conducted periodically by staff representatives of the Texas Education Agency. These reviews cover at least the following policies and practices:

(1) acceptance policies on student transfers from other school districts;

(2) operation of school bus routes or runs on a non-segregated basis;

(3) nondiscrimination in extracurricular activities and the use of school facilities;

(4) nondiscriminatory practices in the hiring, assigning, promoting, paying, demoting, reassigning, or dismissing of faculty and staff members who work with children;

(5) enrollment and assignment of students without discrimination on the basis of race, color, or national origin;

(6) nondiscriminatory practices relating to the use of a student's first language; and

(7) evidence of published procedures for hearing complaints and grievances.

In addition to conducting reviews, the Texas Education Agency staff representatives check complaints of discrimination made by a citizen or citizens residing in a school district where it is alleged discriminatory practices have occurred or are occurring.

Where a violation of Title VI of the Civil Rights Act is found, the findings are reported to the Office for Civil Rights, U.S. Department of Education.

If there is a direct violation of the Court Order in Civil Action No. 5281 that cannot be cleared through negotiation, the sanctions required by the Court Order are applied.

TITLE VII, CIVIL RIGHTS ACT OF 1964; EXECUTIVE ORDERS 11246 AND 11375; TITLE IX, 1973 EDUCATION AMENDMENTS; REHABILITATION ACT OF 1973 AS AMENDED; 1974 AMENDMENTS TO THE WAGE-HOUR LAW EXPANDING THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967; AND VIETNAM ERA VETERANS READJUSTMENT ASSISTANCE ACT OF 1972 AS AMENDED IN 1974.

It is the policy of the Texas Education Agency to comply fully with the nondiscrimination provisions of all federal and state laws and regulations by assuring that no person shall be excluded from consideration for recruitment, selection, appointment, training, promotion, retention, or any other personnel action, or be denied any benefits or participation in any programs or activities which it operates on the grounds of race, religion, color, national origin, sex, handicap, age, or veteran status (except where age, sex, or handicap constitute a bona fide occupational qualification necessary to proper and efficient administration). The Texas Education Agency makes positive efforts to employ and advance in employment all protected groups.

Texas Education Agency
1701 North Congress Avenue
Austin, Texas 78701-1494

AD1 315 07
February 1991

BEST COPY AVAILABLE